PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 09/883346

CLAIMS AS FILED – PART I

	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
FOR							
BASIC FEE (37 CFR 1.16(a))				$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus =		X $ =		OR	X $ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus =		X $ =		OR	X $ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $ =		OR	+ $ =	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

11-2006

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	17	Minus 20	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))	3	Minus 3	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $ =		OR	+ $ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))		Minus	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $ =		OR	+ $ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	=	X $ =		OR	X $ =	
Independent (37 CFR 1.16(b))		Minus	=	X $ =		OR	X $ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $ =		OR	+ $ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450